CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

# Weekly Bulletin





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# *Public Health in California**

By WALTER M. DICKIE, M. D., Director of Public Health

For almost twenty years the administration of public health in local communities of California has developed along standardized lines. During the decade, 1920 to 1930, particularly, the trend of administrative activity has followed standards promulgated by both official and unofficial agencies. Most local health departments now work upon a standard four-point program which consists of first, the control of communicable diseases, including general administration; second, public health nursing; third, sanitary inspections; and fourth, records and statistics. Under the conditions which a program of this sort was designed to cover the results have been satisfactory in most localities.

It must be recognized, however, that during the past few years drastic changes have occurred in our political, social and economic life. In many communities the whole picture of government and of public opinion has been changed completely. It would seem advisable at this time, therefore, to make a careful and critical study of the community public health organization in order to determine whether or not the present set-up is adequate to meet the needs of the community in an efficient manner. Any program in the administration of public health must be flexible for there is danger lest such a program become set with a rigidity that may not yield. Before it is too late careful scrutiny should be given to this important matter.

It can not be denied that some of the communicable diseases, the control of which constituted a matter of prime importance a decade or more in the past, have now been brought under control and are kept in check through routine activities that are carried on automatically, many of them by agencies other than the health department. To be sure this statement does not apply to all communities but it does apply to some of them. The control of typhoid fever, for example, depends to a large extent upon the purity of the public water supply and general sanitation. The health officer has little or nothing to do with the engineering attributes that have to do with municipal water supply and features of general sanitation which constituted major activities in many places a few years ago are now rendered almost entirely unnecessary.

Administrative campaigns against diphtheria, typhoid fever and smallpox could be extended greatly. Vaccination against smallpox is seldom done extensively unless an outbreak of the disease occurs and practitioners of medicine, in many localities, immunize greater numbers of children against diphtheria than do the local health departments. The average health officer, however, has little statistical information upon the subject. There is everywhere ample opportunity for the health officer to develop with

* Read before Health Officers' Section, League of California Municipalities, Santa Monica, September 9, 1936.

the local medical society a definite plan of cooperation not only in the provision of immunization against this disease but also to develop an efficient statistical record of such immunizations. Health officers may well assist local physicians in the development of a community program for immunizing private patients against these three diseases, such plan to be developed as a routine measure.

### THE SOCIAL SECURITY PROGRAM

Through the Social Security Act large sums of money have been made available for the benefit of rural health departments. A large part of such appropriations is used in making surveys. At the present time a survey of illness in the migratory population is being undertaken, as well as a survey of physical handicaps and disabilities in children. Any survey is designed, primarily, to serve as an index to the extent and nature of the problems involved. Of what value is any survey unless administrative action may be taken to correct any unfavorable conditions that may be revealed? Local communities are charged with the responsibility of providing care and treatment, if necessary, for the relief of physical handicaps in children. The migratory laborer must also look to the local governmental unit for care, treatment and relief.

All of these surveys tend only to emphasize the duty and responsibility of the local community in providing a local solution for the problem that may be revealed. It is not enough to simply reveal the disability without providing proper relief. The local governmental unit must of necessity govern itself; and, in the end, regardless of surveys, subventions, and gifts, it must provide the machinery for maintaining the local health of the community which it governs or else transfer the administration to a stronger unit.

To be sure there are come conditions that the local community is not equipped to handle but, in the main, the responsibility and the burden rests with the city or the county. The Social Security program should be regarded only as a factor in determining the nature and extent of local health problems. Their solution depends entirely upon the definite action that may be taken in the development and enforcement of a plan for correcting defects that may be found.

The acceptance of material assistance from any source incurs heavy responsibilities and imposes inescapable duties upon the health officer. The withdrawal of material assistance may leave a gap in the local public health program that can be bridged only with great difficulty. In accepting help now from any source it is of great advantage to correlate and extend activities upon a long range basis. Forward looking plans that may be effective over a whole generation should be considered. Programs that are planned upon a month to month basis may, in the end, lead to conditions that are disastrous to the continuation of a coordinated program. Public health today must not be considered upon any emergency basis. To regard any of our activities as only temporary is folly. The new public health must take into consideration vastly more than the mere control of certain communicable diseases. It must embrace social welfare, industrial hygiene, public health education, and all of those attributes that promote a sound way of living. There must be a practical and effective coordination not only of efforts in the prevention of disease but also of efforts in the promotion and conservation of human vitality.

### HEALTH EDUCATION

Health education is primarily a matter of local concern. No central standard program of health education can hope to be successful in every community. A wide variety of factors determines divergent points of view in the general public. It is quite useless to distribute printed matter among individuals who do not read. People who do not attend motion pictures can not be reached through the cinema. Newspaper publicity has tremendous restrictions. Information upon health conditions can be publicized through newspapers only upon a news-story basis. Each local health department must develop its own plan of health education fitted to meet the needs, capacities, tastes and intrinsic values that lie in the people of the community itself. Any health education program designed for residents of a large eastern community may not be applied successfully in a rural community of a western state. Public opinion can be molded only with proper consideration, after study, of the racial, social, economic and other attributes that may be involved.

### TECHNICAL ASSISTANCE

It is recognized that many of the less frequently encountered, but nevertheless exceedingly important communicable diseases, require expert services that the local community is unable to provide. In California diseases such as plague, relapsing fever, coccidioidal granuloma, tularemia, and others require technical services that only the state and the medical schools are able to provide. Nevertheless the local health officer must be alert to detect the presence of cases as well as epidemiological factors that may have to do with these more unusual diseases. For this reason the state desires to amplify and extend its cooperative efforts in the management of all such

diseases. It undertakes to provide local health officers with all available information relative to these usual features that may be encountered. It desires to correlate all epidemiological activities throughout the whole state. The state desires to provide the technical assistance that may be required, whether it be in sanitary engineering, epidemiology, or other attributes that are not available locally. The state, however, has no intention to perform local activities that belong essentially to the community itself. It desires always to assist in every reasonable way but there is never any intention of interfering with the conduct of any local public health activity.

### NEW PROBLEMS

Many new problems are arising in the field of public health and some of them warrant consideration at this time. The disposal of sewage from cabin trailers is a new problem. So suddenly has this come about that methods to meet the situation are generally inadequate, especially in the rural areas.

Air conditioning of stores, factories, office buildings and homes is coming into favor rapidly, introducing not only physiological questions but, in a more common place way, problems regarding the systems of water supply and drainage. The enormous volumes of water required by the more popular methods of air conditioning will tax water systems because no water system was designed with that demand in mind. The same comment pertains to the sewer systems and sewage treatment works. In some places, the expedient is being used of draining the cooling water into drainage wells. Two problems to be studied are the influence on underground temperature in the vicinity and also, the prospect that plumbing drainage may be attached to the same drainage system. There may be some question about the escape of the refrigerant if it should carry toxic substances.

In a few places still another expedient is to pump the cooling water back into the water system. Air cooling using large quantities of water calls for cheap, abundant water supply. The effect of the added volumes of water upon the sewer systems and treatment plants should be given consideration.

The effect of air conditioning upon individual health becomes a subject for study. The problem is extensive and little information is available so that careful observation of the local health is required in order to determine whether or not the health of the individual may be affected through this innovation in the provision of artificial climatic conditions.

This leads to a thought of industrial hygiene in the local health department. The industries are growing on the Pacific coast and industrial hygiene should keep pace, at least, with their growth. Industrial conditions are important factors in the health of individual employees. Are local health officers giving due consideration to the health and welfare of employees? There is a large field of work here and it should not be overlooked in any plan for reorganization of local public health programs.

The study of industrial hygiene involves the prevention of accidents, the elimination of industrial hazards, including those that may have to do with the industrial diseases. The average life of the wage earner in the industries is short. Particular attention should be paid to the conditions under which wage earners work. Every health officer should know the conditions that exist in the industries located within the community and he should assist in every possible way to promote conditions that may be more beneficial to the health and welfare of the worker. Any industry that uses the physical attributes of the worker for a decade and then casts him aside deserves the careful observation of all those who may be considered as guardians of the public health.

### VENEREAL DISEASES

The control of the venereal diseases is a matter of great importance. More intelligent thought is being directed toward the provision of proper control measures than at any time since the World War. The success of any program in the control of these diseases depends upon three factors—first, law enforcement; second, the provision of adequate facilities for treatment; and third, the development of support through the education of the general public. In the control of these diseases it must be recognized that social conditions within the community determine the nature of the program that may be required. Any program based upon a universal pattern would not, of necessity, apply to every community. There is an opportunity here for the health officer to secure the active assistance of the local medical profession. Since treatment plays such an important part in the control of these diseases its importance must not be neglected in the development of any program of control.

The provision of local relief, the wandering of homeless individuals en masse, not only from community to community but from state to state, offer new problems that require the observation of the local health authority. Problems associated with local relief unquestionably develop the needs for observing social conditions as well as those conditions that heretofore have been regarded only as pertaining to health. Poverty may lead to illness and illness may lead to poverty. The cause and the effect are interchangeable and they are hopelessly bound together.

These are only suggestions and they are offered only as an index to the subject matter that should be scrutinized carefully by the local health officer. New fields of activity are opening. The progressive official will develop keen powers of observation in order that he may have machinery to meet the new problems efficiently. There is no desire and no intention to prescribe the local remedy nor is there any desire or intention to interfere with the determination of the nature or extent of the local problem but there is every desire upon the part of the state to provide legitimate assistance at all times. In consideration of this subject the whole matter of the revision of local health administration becomes a matter of paramount importance and the suggestion is now offered that the time is ripe for every local health officer to at least carefully evaluate his program of administration.

## MORBIDITY

### Complete Reports for Following Diseases for Week Ending October 3, 1936

**Chickenpox**

80 cases: Alameda County 1, Alameda 3, Berkeley 2, Oakland 11, Pittsburg 1, Fresno 1, Los Angeles County 8, Glendale 1, Huntington Park 1, Long Beach 7, Los Angeles 3, Santa Monica 1, Torrance 1, Maywood 1, Salinas 2, Orange County 3, Anaheim 1, Sacramento 5, National City 1, San Diego 2, San Francisco 6, San Joaquin County 6, Stockton 1, Daly City 5, Santa Clara 1, Watsonville 2, Redding 1, Ventura County 1, Yuba County 1.

**Diphtheria**

39 cases: Berkeley 1, Oakland 3, Fresno County 8, Calexico 3, Los Angeles County 2, Los Angeles 9, Hawthorne 1, Monterey 1, Orange County 1, Riverside County 1, San Bernardino 1, San Diego County 2, San Diego 2, San Francisco 1, Stockton 1, San Luis Obispo County 1, Santa Barbara 1.

**German Measles**

31 cases: Alameda 1, Berkeley 2, Oakland 2, Fresno County 1, Los Angeles County 3, Long Beach 1, Los Angeles 1, San Fernando 1, Bell 1, Santa Ana 1, Placentia 1, Sacramento 1, San Diego County 1, San Francisco 10, Stockton 1, Palo Alto 1, Stanislaus County 1, Tulare County 1.

**Influenza**

28 cases: Alameda 1, Kern County 1, Los Angeles County 3, Alhambra 1, Claremont 1, Glendale 1, Los Angeles 17, Santa Monica 1, Whittier 1, South Gate 1.

**Malaria**

7 cases: Glenn County 2, Kern County 1, Los Angeles 1, Madera 1, Sutter County 1, California 1.*

**Measles**

52 cases: Alameda 1, Berkeley 1, Oakland 3, Fresno 1, Kern County 1, Glendale 1, Long Beach 1, Los Angeles 8, Lynwood 1, Maywood 1, Orange County 3, Anaheim 1, Newport Beach 1, Riverside County 1, San Diego County 21, San Francisco 1, San Luis Obispo County 3, Lompoc 1, Vallejo 1.

**Mumps**

226 cases: Alameda 2, Berkeley 12, Oakland 1, Butte County 2, Oroville 3, Contra Costa County 1, Pittsburg 2, Richmond 1, Fresno County 2, Fresno 2, Willows 11, Calexico 1, Kern County 3, Los Angeles County 17, Alhambra 2, Beverly Hills 1, Burbank 6, Culver City 3, Glendale 2, Inglewood 2, Long Beach 4, Los Angeles 31, Pasadena 3, Pomona 1, Santa Monica 5, Hawthorne 3, South Gate 1, Maywood 1, Bell 3, San Rafael 1, Orange County 7, Brea 1, Orange 5, Santa Ana 6, Riverside County 2, Corona 3, Riverside 3, Sacramento County 1, Sacramento 11, San Bernardino County 1, San Bernardino 2, San Diego County 4, Chula Vista 2, Coronado 1, National City 1, San Diego 13, San Francisco 4, San Joaquin County 1, Stockton 1, Tracy 1, Santa Barbara County 1, Lompoc 1, Santa Barbara 4, Watsonville 1, Stanislaus County 1, Tehama County 1, Ventura County 3, Fillmore 7, Santa Paula 1, Yolo County 4, Woodland 3.

**Pneumonia (Lobar)**

55 cases: Berkeley 1, Oakland 4, Contra Costa County 1, Fresno 3, Westmoreland 1, Los Angeles County 2, Glendale 1, La Verne 1, Los Angeles 21, Pomona 1, Maywood 1, Anaheim 1, San Diego 2, San Francisco 3, San Joaquin County 4, Stockton 5, San Mateo County 1, Santa Barbara 1, Palo Alto 1.

**Scarlet Fever**

129 cases: Alameda County 2, Berkeley 1, Oakland 7, Chico 1, Colusa County 3, Contra Costa County 1, Fresno County 5, Fresno 1, Kern County 1, Hanford 1, Lassen County 3, Los Angeles County 13, Burbank 1, Glendale 1, Huntington Park 1, Long Beach 2, Los Angeles 11, Pasadena 1, Pomona 2, Santa Monica 1, Whittier 1, Marin County 1, San Rafael 1, Merced County 2, Monterey County 1, Monterey 1, Anaheim 1, Placer County 1, Riverside County 1, Corona 2, Sacramento 14, Ontario 1, Redlands 1, San Francisco 8, San Joaquin County 1, San Luis Obispo County 1, Paso Robles 1, San Mateoe County 2, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 1, Palo Alto 2, San Jose 3, Santa Clara 1, Santa Cruz County 3, Vallejo 2, Healdsburg 3, Petaluma 3, Ceres 1, Modesto 2, Tulare County 2, Ventura County 2, Yuba County 1.

**Smallpox**

No cases reported.

**Typhoid Fever**

12 cases: Berkeley 1, Gridley 1, Imperial County 1, Los Angeles 2, Maywood 1, Sacramento County 1, Sacramento 1, San Joaquin County 1, Santa Clara County 1, Stanislaus County 1, California 1.*

**Whooping Cough**

211 cases: Alameda County 4, Berkeley 5, Oakland 31, Pinole 3, Fresno County 6, Fresno 2, Willows 4, Los Angeles County 12, Arcadia 1, Culver City 1, Long Beach 3, Los Angeles 50, Pasadena 1, Pomona 1, Redondo 1, Santa Monica 2, Hawthorne 1, Anaheim 1, Riverside County 7, Corona 1, Sacramento County 5, Sacramento 8, San Diego County 3, National City 1, San Diego 5, San Francisco 22, Stockton 4, San Luis Obispo County 5, Daly City 1, Atherton 1, Santa Barbara County 5, Santa Barbara 8, San Jose 2, Tehama County 1, Woodland 1, Yuba County 2.

**Dysentery (Bacillary)**

26 cases: Los Angeles County 2, Glendale 1, Los Angeles 10, Orange County 3, San Bernardino County 4, San Bernardino 1, Arroyo Grande 4, Solano County 1.

**Dysentery (Amoebic)**

2 cases: Oakland 1, Riverside County 1.

**Ophthalmia Neonatorum**

One case: Los Angeles.

**Poliomyelitis**

18 cases: Contra Costa County 1, Kern County 2, Bakersfield 1, Los Angeles County 1, Long Beach 1, Los Angeles 3, Riverside County 2, Riverside 2, San Diego 1, San Francisco 2, Santa Cruz County 1, Oxnard 1.

**Tetanus**

One case: San Bernardino.

**Trachoma**

3 cases: Madera County 2, La Habra 1.

**Encephalitis (Epidemic)**

3 cases: Anaheim 1, San Joaquin County 1, Lodi 1.

**Paratyphoid Fever**

One case: Los Angeles.

**Trichinosis**

One case: Calistoga.

**Food Poisoning**

5 cases: San Francisco.

**Undulant Fever**

2 cases: Los Angeles County 1, Santa Barbara County 1.

**Septic Sore Throat (Epidemic)**

2 cases: Los Angeles County 1, San Bernardino County 1.

**Relapsing Fever**

3 cases: El Dorado County 1, Nevada County 2.

**Rabies (Animal)**

17 cases: Imperial County 1, Los Angeles County 4, Long Beach 3, Los Angeles 4, San Bernardino 4, San Joaquin County 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.



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